



Re-ACT!

Theatre Company Registration Form

All information is required to ensure a quality Re-ACTION for you and your students. Only one Re-ACTION per company per every 3 months will be considered. All entries must be for theatrical performances that include an ensemble of children only — No adults should appear in the production; recitals of individual work not permitted. Please submit at least *one month* prior to opening night of production. Please allow one week for CBACT Re-ACTor to contact you. Mail all materials and submission fee to: CBACT, c/o Watertown Children's Theatre, PO Box 54, Watertown, MA, 02471-0054

Theatre Information

Theatre Company Name: _____

Contact Person: _____

Position of Contact: _____

Company Address: _____

Contact Telephone: _____

Contact Email: _____

Check if venue info. is same as company info.

Venue Name: _____

Venue Address: _____

Production Information

Production Title: _____

Production Type: Published Play Published Musical New Work

Scene Montage Cast-Developed Other (explain):

Cast Age:(should be between grades K-12) _____

Program Structure: Class (meets regularly) Workshop (short intensive on a subject)

Audition-Based Show Repertory Company Enrollment-Based Other (explain):

Performance Dates and Times: _____

Please list 3 preferred dates and times for Re-ACT visit:

Running Time: _____

Re-ACTION Information

Preferred Type of Re-ACTION: (select only one option below)

30-Minute Talk-Back

Re-ACTOR will plan to stay to meet with cast and director *immediately* following performance. Cast and director have the opportunity to ask questions of Re-ACTOR about performance including production elements, acting choices, background, etc. Re-ACTOR also receives the opportunity to ask questions of cast and director.

One-Page Written Re-ACTION

Re-ACTOR will write a review of production with critique and feedback of full production. Review will highlight the positives about production as well as offer insight to areas available for improvement. (Please allow 1 week for review)

One-on-One Meeting with Re-ACTOR and Director

Re-ACTOR will schedule a meeting with the director some time after production to provide feedback on production values, casting choices, teaching elements, etc.

Production Elements to be Reviewed: CBACT believes in the value of teaching students and providing constructive feedback for students and production team members. We do know, however, that this is about helping you grow as a director/teacher and having a professional eye react to particular needs of yours. Therefore, we would like to hear from you 1-3 elements you would like us to pay special attention to, or questions you would like us to help answer as we watch your production.

1) _____

2) _____

3) _____

Mission Statement: In 2-3 sentences state the mission of your theatre company, class, group, or production

Other information: Please include any pertinent information about your production, class, script, or company that the Re-Actor should know or take into account when viewing your production.

Please explain why Re-ACT appealed to you:

Re-ACT FEE: FREE for CBACT members

\$25 for Non-CBACT members (for information on membership visit www.cbact.org) Make checks payable to CBACT

Print form and mail with fee to:

CBACT, c/o Watertown Children's Theatre, PO Box 54, Watertown, MA, 02471-0054